"JA UND NEIN"

A STUDY OF THE EFFECTS OF PARENTAL ATTITUDES IN CONTRIBUTING TO THE DEVELOPMENT OF THE SUPEREGO OF THIRTY PATIENTS, AGES FIVE THROUGH SEVENTEEN, DIAGNOSED AS NEUROTIC OR HAVING PRIMARY BEHAVIOR DISORDERS AT THE CHILDREN'S CENTER OF METROPOLITAN DETROIT FROM MAY 12, 1947 TO DECEMBER 14, 1951

A THESIS

SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY SCHOOL OF SOCIAL WORK IN PARTIAL FULLFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY

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ATLANTA, GEORGIA

JUNE 1952

ACKNOWLEDGEMENTS

I am happy to acknowledge the assistance given me by the staff personnel of The Children's Center of Metropolitan Detroit. Especially warm thanks are due Misses Cora Shoecraft and Barbara Smith whose interest in the study gave me much needed moral support. I am extremely grateful to Dr. James M. Cunningham who gave me permission to make this study at the Children's Center, and for the invaluable guidance which he gave me at the beginning of this study.

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CHAPTER I

INTRODUCTION

Significance of the Study

Attitudes are brought into existance and influenced, and can be altered adversely or favorably by the reactions of other people. Thus, they are essential determinants of personality development and behavior. Attitudes of other people are as important in psychology, psychopathology, psychiatric social work and psychiatry as bacterial and toxic agents and remedial drugs are in bodily health and disease. They play upon a child from the moment of birth and may, as a matter of fact, begin to shape a pattern of forces long before a child has been conceived.[1]

The basis of one's personality is formed during the first five or six years of his life. As the superego is an essential component of one's personality, it is also true that the foundation of one's superego structure is laid during the first five or six years of the individual's life. The parents are usually the most important people to the child during this period and should figure as most important in the formation of the superego.

Among the specialists who made it their business to understand and therapeutically to alter human behavior, Sigmund Freud and Adolph Meyer were the first to appreciate the significance of the setting, the theme — the emergence of a behavior item or action tendency from an intricate, integrated set of experiences and their meaning to the experiencing individual. This revolt against behavioral isolationism was exemplified also by a group

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[1]Leo Kanner, Child Psychiatry (rev. ed.; Springfield, 1950), p. 116.

of psychologists, Wertheimer, Kohler, Koffka and Lewin; they too acceded the dramatist's postulate: "In the beginning was the setting."[1]

> Behavior thus considered is an integral function which derives its existance, its form and its meaning from the totality of its setting. The setting is the resultant of relationships and experiences which have begun to exert themselves from the beginning of life and toward which a person has formed his own accepting or rejecting, defensive, aggressive or submissive reaction tendancies. Behavior of the moment thus appears as the temporarily last scene of an interrupted plot or theme, during which a person has developed a certain readiness to perform in the particular manner in which he does perform.[2]

This readiness is spoken of as attitude whether it is conscious or unconscious. The aptness to respond differs individually, depending on the dispositions and experiences which suited, readied, prepared a person consciously or unconsciously to impart his own meaning and feeling tone to the situation. This is the definition of attitude as it is used in this study.

The writer is herein concerned with that sub-structure of the personality known as the superego, and the severity, deficiency, or incompleteness thereof. These conditions may be found in the neurotic or in the primary behavior disorder. Superego is a composite of all the forces of restraint and inhibition; it is a composite representation of the parents. It takes the place of the actual parents in the management of id impulses; it is the critical factor of the unconscious; it relates to the moral and esthetic attitudes of the individual and therefore arises principally from the parents who engendered those attitudes in the child. During later development when the parental disciplines take up their positions in the unconscious,

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[1] Ibid., p. 114.

[2] Ibid.

constituting the superego, it is the superego that is conscience.[1]

A neurotic is a person affected by a neurosis. The latter is a condition wherein a failure in adaption occurs, in which the personality partially relinquishes mature reactions and regresses to childish ones, or fails to outgrow childish reactions upon reaching physical maturity.[2] The neurotic unconsciously realizes that the gratification of his subjective needs is not socially acceptable, nor is it accepted by his ego; he represses the desire or instinct and internalizes the conflict which usually comes out in symbolic symptoms that are often far removed from the actual conflict. The writer has confined his study of neurotics to that particular group which manifests evidences of a severe or strict superego; that group in which the main dynamic of the pathology in each case was an unconscious conflict between the rigid conscience and the drives which were clamoring for expression;[3] and, that group which manifests an incomplete superego; a state in which an absence of lasting object relationships in early childhood or an oral fixation and traumatic experiences may render the complete and certain establishment of an effective superego impossible. These persons, however, experience frustrations and develop reactions to them. Their superego is not lacking, but is incomplete and the responses of the ego to the pathological superego reflect the ambivalence and inconsistencies which these

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[1] Hinsie and Shatzky, Psychiatric Dictionary, 115, 513; Leon J. Saul, Emotional Maturity (Philadelphia, 1947), p. 88f.

[2] Leon Saul, op. cit., p. 3.

[3] Franz Alexander and T. M. French, Psychoanalytic Therapy (New York, 1946), p. 233.

persons felt toward their first objects.[1]

The primary behavior disorder is a classification set aside for the child who is extremely aggressive and acts out his impulses. In this child the aggression may always be interpreted as reactions to the restrictions and frustrations of the early — usually parental — environment. Again it is primary since it starts in the first years of life. This classification is usually not observed in pure form by the clinician; a disturbed child might be capable of functioning on both the neurotic and on the primary behavior disorder level. Thus, the diagnostic terms psychoneurosis with behavior disorders, and behavior disorders with neurotic traits are often used. It is the kind, cause, degree and method of discharge which suggest the diagnostic classification. The writer is primarily concerned with those cases wherein the person's life shows a pattern of behavior designed to relieve unconscious tension through acting out his impulses in ways not well adapted to reality, with the dominant characteristics being extreme aggressiveness, a deficient superego, or little feeling of guilt, and a high degree of narcissism. The aggression may be hostile, nonerotic or erotic, or it may show both phases. It may be active, as in temper tantrums, rebellion, fighting, or running away, or passive as in stubbornness, obstinacy, disobedience, and unwillingness to change unapproved habits. Comparatively, the child who has the primary behavior disorder fears attack from without; the neurotic child feels that his danger comes from within, that

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[1]Otto Fenichel, The Psychoanalytic Theory of Neurosis (New York, 1945), pp. 373, 374.

is, from his own primitive desires. The former has a deficient superego; the latter, a too severe superego.[1]

No one would deny that a social worker, especially a psychiatric social worker, treating children and their families, removing children from their homes, dealing with truants and school problems, et cetera, should understand the significance of the effects of parental attitudes upon the developing superego structure of the child. The writer undertook this study with the hope that it may contribute to the many other studies which may eventually make it possible to have a fairly well measured inventory of parental practices expressive of attitudes, and of related practices — behavior or personality deviation — of children in response to them.

This study was conducted at the Children's Center of Metropolitan Detroit, a child guidance center supported mainly by the state of Michigan and the Children's Fund of the same state with additional funds coming from the Wayne County Board of Supervisors and the Community Chest, during the period September, 1951 through February, 1952. The main function of this out-patient clinic is to render consultative, diagnostic, and treatment services to emotionally disturbed children and their parents, with focus being upon the child. Another function of the Center is to provide adequate professional educational and training activities for graduate training in child psychiatry, clinic psychology, and psychiatric social work. The activities also include participation in the undergraduate education of medical students, and the summer school program for visiting teachers. The writer felt that this was quite an appropriate setting in which to conduct

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[1] Gordon Hamilton, Psychotherapy In Child Guidance (New York, 1947), pp. 45-97.

such a study.

Purpose of the Study

The purpose of this study was to examine the apparent dynamic effects of parental attitudes as they influenced the development of the superego of thirty patients diagnosed as neurotic or primary behavior disorder to see if there were a difference between those parental attitudes which influenced the production of a superego which resulted in neurotic behavior or primary behavior disorders; and, to point out the differences, if any, which existed.

Method of Procedure

The case study method was utilized in this research because love and hate, acceptance and rejection rarely appear in pure culture; hence, parental attitudes and their effects are best understood on the basis of individual case studies.

Each staff member was asked to contribute a list of the cases which had been assigned to him, opened or closed, which manifested the characteristics being studied. This list, along with six cases taken from the writer's own case load, came to a total of 112 cases. The cases were then gone through carefully by the writer as a check to make certain that they manifested the characteristics being studied. As a result of this, twenty-seven cases were discarded leaving a total of eighty-five in the universe. Simple random sampling was used in selecting the final thirty cases for the study. The case numbers were written on individual slips of paper and placed in a box; they were then thoroughly shaken and a slip was drawn from the box and the box again shaken. This procedure continued until the desired number of cases was selected. After the cases were selected, data

were entered on schedules, from each case, for further tabulation and analysis. The data were taken from the case records which included psychiatric intake and exploratory interviews, social histories, medical reports, psychological examinations, psychiatric examinations and diagnostic case conferences.

Scope and Limitations

This study was made of thirty patients, ages five through seventeen at the time of registration, diagnosed as neurotic or having primary behavior disorders at the Children's Center of Meteropolitan Detroit, Detroit, Michigan, from May 12, 1947 to December 14, 1951. The study actually covered the period from birth to the age of the patient at the time of closing the case, or until the time of the study if the case were an opened one. The study was limited to a project of thirty cases because of the limited amount of time and funds the writer had to devote to it, and to a lesser degree because of the limited number of such cases seen by the Center.

The study was further limited in that the classification of symptomatic behavior, superego types, and contributing parental attitudes had to be made on a broad basis because of the information available. The results might have differed if a finer classification had been possible. The study was further limited by the fact that several of the diagnostic conferences were held after relatively brief contacts by the respective clinical teams with the patients and their parents, and by the fact that these diagnostic opinions became a part of the case records without prior agreement by the members of the teams that their diagnoses would be based on certain criteria and become a basis for this study.

CHAPTER II

THE SUPEREGO AND ITS CONTRIBUTIONS

The Child and Parental Attitudes

Parental attitudes are never completely healthy or completely unhealthy — the concepts of pure love and hate, in parental attitudes toward children, remain fiction. Actually these attitudes form a graduated continuum between the theoretical poles of love and hate — healthy and unhealthy — with several intermediate points. Thus it becomes necessary to define the various parental attitudes utilized in this study.

A healthy parental attitude is one in which the following basic needs of the child are gratified: security and the backing of two present parents; love and understanding; an optimum period for gratification of infantile sensual desires; and, opportunities to express hostilities, antagonisms and aggressiveness.[1]

Overt rejection is that attitude in which too much is expected of the child and is characterized by irritation, nagging, severe punishment, neglect, threats to have the child "put away", and offensive name calling. The parent actually hates the child more than he loves him.[2]

Overprotection is a less obvious form of rejection which allows the parent to express his hatreds against the child and at the same time, compensate as a penance so as to appease his guilt feelings.[3]

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[1] English and Pearson, Emotional Problems of Living (New York, 1945), p. 89f.

[2] Ibid., p. 108.

[3] Ibid., p. 110.

Seduction is that attitude by which the parent unconsciously or consciously stimulates the sexual desires of the child to excess.[1]

Indulgence is that attitude in which every liberty and every satisfaction is granted, when possible, to the child at the child's request, and frequently, subsequent harm.[2]

Ambivalence is that attitude which alternates from overt rejection to open displays of love and warmth — an attitude of inconsistency in which the parent vacillates between two or more of the above mentioned attitudes so that it becomes impossible for the child to foresee what conduct on his part would be most likely to insure the continuance of parental affection.[3]

The Superego and Its Level of Maturity

It has been pointed out in Chapter I that parental attitudes are of the greatest importance in contributing to the development of the basic superego structure. There should be defined the superego types presented in this study and an indication of the level of maturity at which possessors of each type function.

The superego is the heir of the parents not only as a source of threats and punishments but also as a source of protection and as a provider of reassuring love; it is limited to the spheres of threat and promise, of punishment and reward. The incorporation of this piece of the external world, through the parents, by an individual personality in a state of equilibrium

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[1] Ibid., pp. 113-116.

[2] Ibid., p. 111.

[3] Ibid., p. 53; Otto Fenichel, op. cit., p. 520f.

constitutes a healthy superego.[1]

Its level of maturity is almost ideal, being characterized by: economic, emotional and intellectual independence; tolerance; ability to accept unpleasant facts; ability to evaluate rationally; continued adaptability to new situations and development of ability to compromise; persistence and willingness to work now for future goals; willingness to work under authority; development of sympathy for others; and, development of a giving attitude.[2]

The severe superego constitutes a state of frustrated and inhibited instinctual urges, in which normal amounts of aggression cannot find an outlet in the external world, and are therefore turned inward against one's self. The dominant characteristics are little or no aggressiveness, a high degree of passivity and desires to please, and excessive feelings of guilt resulting from the unconscious conflict between the rigid conscience and the drives which were clamoring for expression.[3]

He functions on a level of maturity indicated by: his inability to meet competition; his always being left, "misses the boat"; his being discouraged by a single rebuff or by none at all, afraid to try again; his restlessness — being passive, timid and afraid; his insecurity and tendency to underrate. He is restricted and limited by rules and conventions; he constantly weighs factors and imagines innumerable deterrants; he blames himself and

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[1]Otto Fenichel, op. cit., pp. 105ff.

[2]Leon Saul, op. cit., pp. 6-22.

[3]F. Alexander and T. M. French, op. cit., p. 233; Kate Friedlander, The Psycho-Analytic Approach To Juvenile Delinquency (New York, 1949), p. 54.

converts to physical symptoms.[1]

The deficient superego is a state in which is shown a pattern of behavior designed to relieve unconscious tension through acting out one's impulses in ways not well adapted to reality, with the dominant characteristics being aggressiveness, no feeling of guilt and a high degree of narcissism.[2]

His level of maturity is characterized by his ability to meet competition concomitantly with a lack of persistance; "he catches the boat but jumps off in mid-stream"; he repeats catastrophic behavior and is unable to learn by experience; he is restless, active, antagonistic and aggressive; he feels secure and tends to over-rate; he ignores and feels he is above normal rules and conventions; he reasons by impulse rather than judgement, and projects blame on others.[3]

Often there exists a state in which an absence of lasting object relationships in early childhood or an oral fixation and traumatic experiences may render the complete and certain establishment of an effective superego impossible; these persons, however, also experience frustrations and develop reactions to them. Their superego is not lacking, but is incomplete and the responses of the ego to the pathological superego reflect the ambivalences and inconsistencies which these persons felt toward their first objects.[4]

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[1] Leon Saul, op. cit., pp. 6-22.

[2] Gordon Hamilton, op. cit., pp. 45-47.

[3] Leon Saul, op. cit., pp. 6-22.

[4] Otto Fenichel, op. cit., p. 375.

> Such distortions of the superego are found in various juvenile delinquents; cases of lesser severity are characterized by their chronic dissatisfaction; they are hypersexual and hyperinstinctual because of their state of being dammed up. Cases of greater severity are governed by oral and cutaneous fixations, by extreme ambivalence toward all objects, by the identity of erotic and narcisstic needs, and by conflicts between rebellion and ingratiation. If the ego has previously experienced both intense erogenous pleasure and intense environmental frustrations, especially if experiences of this kind were encountered by a person already characterized by an oral regulation of self-esteem and an intolerance of tensions, developed under the influence of early traumata or orally fixating experiences, an "isolation" of the whole superego might occur. Here the ego seems to keep the superego actively and consistently at a distance. Experiences with the persons whose incorporations created the superego have made it possible for the ego to feel the conscience in one place or at certain points (and for the most part in very distorted forms), but to be relatively free from the inhibiting influences of the superego, when tempted by the irresistible urge of strivings for instinctual gratification and for security. The impulse is yielded to immediately before superego inhibition can develop, and remorse is felt later frequently after a displacement in quite another connection.[1]

His level of maturity is characterized by economic, intellectual and emotional dependence; he is intolerant; fails to recognize his own weakness; he continues to use old solutions for new problems. He is impatient of planning and hard work; believes in destiny to control others; feels emotionally isolated from others; and, there is pathological continuation of infantile attitudes.[2]

The Superego As An Etiological Factor

It is not always possible to know, from the symptomatic behavior of the emotionally ill, the type of superego that is a component of one's personality. Children respond to seemingly identical parental attitudes in varied

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[1] Ibid., pp. 374, 375.

[2] Leon Saul, op. cit., pp. 6-22.

ways. The id, during the early life of the child, is an important factor underlying the choice of elicited responses to a parental attitude. Thus the id becomes important in the development of the superego structure, the type of superego becoming apparent as the personality begins to incorporate those parental attitudes which stimulate it. Later it is the superego, or lack of, that becomes in large part the etiology underlying the type of response elicited.[1]

Table 1 indicates the types of superegoes according to the symptomatic behavior classifications of the thirty patients studied.

TABLE 1

SYMPTOMATIC BEHAVIOR CLASSIFICATION AND SUPEREGO TYPES*

Symptomatic Behavior Classification	Totals	Superego Types		
		Severe	Deficient	Incomplete
Totals	30	10	9	11
Primary Behavior Disorder	15	.....	9	6
Neurotic	15	10	.....	5

*Data taken from Table 3; see Appendix A.

Table 2 indicates the sixty parental attitudes expressed toward the patients, according to the symptomatic behavior classifications. In Table 1, nine out of fifteen children classified as primary behavior disorders had deficient superegoes. In Table 2, the largest attitudinal group, twenty-one, manifested an attitude of overt rejection toward those children classified as primary behavior disorders. This indicated a significant relationship between the parental attitude of overt rejection and those children with deficient superegoes, who were classified as primary behavior disorders.

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[1]Hinsie and Shatzky, op. cit., p. 513.

TABLE 2

BEHAVIOR CLASSIFICATION AND CONTRIBUTING PARENTAL ATTITUDES*

Symptomatic Behavior Classification	Totals	Contributing Parental Attitudes					
		Healthy	Overt Rejection	Overprotection	Indulgence	Ambivalence	Seduction
Totals	60	2	36	2	1	17	2
Primary Behavior Disorder	30	.....	21	.....	.....	7	2
Neurotic	30	2	15	2	1	10	.....

*Data taken from Table 3; see Appendix A.

The child who suffers with a primary behavior disorder is extremely aggressive and acts out his impulses to relieve unconscious tensions in ways not well adapted to reality. He has little or no guilt feelings about his actions though he may know that socially they are not acceptable; this is due to his lack of internalized conscience to guide his ego in selecting socially acceptable actions and inhibiting unacceptable ones. He fears attack from the social organization as a result of the restrictions and frustrations imposed upon him as he reaches out to his parents, seeking their love; his aggression is a direct reaction to these parental denials. He has had no love and hence has had no incentive to identify with the social organization which he viewed through his parents. They did not love him, but overtly rejected him and he has returned their rejection by not identifying with their restrictions and prohibitions resulting in a

deficient superego.[1]

The following child had had no true love and therefore had no motive to identify with the parents, there resulting a lack of internalized superego structure and moral sense.

The Case of William Green

William Green was referred to the Children's Center at the age of six by the visiting teacher assigned to the school which he attended. His mother complained that William constantly bullied other children, destroyed toys, broke all windows in garages and homes in the neighborhood, and continued this though he got "a real blistering for it."

Mother bought a television set with the hope that this would have kept him more quiet, and warned him not to scratch the set. In a fit of anger, he once threw a shoe at the glass in the set.

The school complained that William kept the class in an uproar. He did not pass that semester; the teacher said he kept on day-dreaming instead of doing his work, and cooperated with her and the rest of the class only when he was in the mood to do so. He was polite when he was in a good humor, but had "the vocabulary of which a truck driver would be proud," which he used on anyone with whom he lost patience. He was active and impulsive, clumsy and noisy. He reverted to babyish whining when he thought this would best serve his purpose. He scored ninty-two on the Stanford-Binet I.Q. examination and no educational disabilities were indicated.

The mother stated that William had been a behavior problem since birth. He became extremely aggressive early in infancy, was never able to get along with adults or with other children, and was always a problem at school. There seemed to be a constant need in him to destroy and wreck things to the point where he had antagonized most people. Mother either spanked him or tried to protect him from any situation where there was a possibility for him to do any damage to himself or to others. She brought him to and from school daily for this reason.

William was an unwanted child and the pregnancy was not planned. William's father was the mother's fourth husband. Mother was very unhappy during the pregnancy because the father insisted that William was not his son; he accused her of adultery. She decided to give him up for adoption, but upon the child's birth the father insisted that he wanted William and loved him. William was born twenty months after the marriage of his parents. He was breast fed for six months; mother stated she became too

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[1] Gordon Hamilton, op. cit., pp. 45-47.

nervous to continue and put him on the bottle. The father deserted when William was five weeks old, for two months, but became very ill when William was four months of age, returned to the home and then hospitalized. He died during his first month in the hospital. The man whom mother was currently thinking of marrying lived in the home with William and his mother. William was confused as to where and whom his father was. William broke his bottle and the window through which he threw it at nine months of age; he was not put back on it. He started teething after he was one year old, and walked immediately thereafter. He was trained for bowel control and day-time wetting at eighteen months, but never stopped nocturnal enuresis. Mother stated that William's infancy and very early years were not happy ones because the shadow of the father's illness hung over both of them. William always behaved badly when taken to the hospital to visit his father and a visit always ended in his getting spanked.

Mother seemed to be quite ambivalent in her feelings toward William. She felt it was a mistake to have had this child, and insisted that if she could be assured that she would not become pregnant again, she would marry a man friend who she had been going around with recently. She complained of the fact that none of William's relatives cared for him and this made it a real problem for her to ever get away for any type of recreation or vacation. She stated that she could not handle him at all. He was complete master in the house and had her completely tied to him. She was afraid he would harm someone, or that something would happen to him for which she'd never have been able to forgive herself. Her manner with males was seductive and hostile simultaneously. She commented quite a bit about how much William constantly wanted to hug her, but he always winds up making her black and blue. She identified him with his father with whom she had many problems.

This case was characterized by certain outstanding features. This boy had an extreme amount of aggression which was expressed in rebellion and destruction both of persons and of objects. He was unable to form satisfactory relationships with children or adults. There could be found little evidence of guilt, shame or anxiety about himself or his actions in the child in spite of the fact that he had been severely punished for his behavior. These three characteristics, along with his confused identifications with men, had been in evidence since early childhood. There could be found no evidence of neurotic symptoms in the boy, that is, fears, obsessions, phobias, compulsive symptoms, et cetera. Nor were there evidences of

physical symptoms of organic or psychosomatic causation.

The boy's father overtly rejected him both prenatally and postnatally. His mother rejected him to a lesser degree — she was a vacillating, ambivalent mother; very much overprotective, seductive, and unconsciously hostile toward the boy. She was inconsistent in her rules and regulations, controls for the boy, and was unable to consistently be firm and kind to him.

It was apparent that the boy had had no appropriate authority figure with whom to identify. He had never had any father figure in the home except a father who deserted, took sick and then died. Thus it was seen that the boy grew up in a disharmonious environment, with the parents creating a conflicting and an unstable emotional climate in the home. The main characteristics of the boy's behavior — extreme aggression, inability to establish satisfactory social relationships, no feelings of guilt — all of which were present since early childhood, did not seem to be explainable on the basis of pathological processes. They seemed to have been a patterned reaction to unfavorable environmental influences and parental attitudes. This abnormality is known as a primary behavior disorder.[1]

The boy had not experienced any true love and had no incentive to identify with his parents or with their prohibitions and inhibitions. As a result, he had no internalized superego structure with which to control impulse gratification and antisocial behavior.

The remaining six children classified as primary behavior disorders in Table 1 had incomplete superegoes. In Table 2, the second largest attitudinal group, seven, manifested the attitude of ambivalence toward their

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[1] Jewish Board of Guardians, Primary Behavior Disorders In Children (New York, 1945), pp. 11, 12.

children classified as primary behavior disorders. This indicated an important relationship between the child with an incomplete superego and the parental attitude of ambivalence.

In this child the lack of lasting object relationships in early childhood, his infantile fixation and traumatic experiences had made the complete and certain establishment of a superego impossible. The inconsistencies within the parental attitude of ambivalence had contributed to the personality structure in which there was an oversevere superego against erotic gratifications, and an ego which rebelled against the restrictions of the superego, at times allowing the id impulses to be the stronger and, hence, acted out. The ambivalence in the parental attitudes was reflected in the personality structure of the child because it was impossible for him to foresee, during his early life, what conduct on his part was expected to insure continual parental affection. Often great conflicts between rebellion and ingratiation were seen.[1] The following is a case of this type.

The Case of Mary Sweets

Mary was referred to the Center by the Fulton Social Service League. The parents wanted help with and for Mary whom they felt was uncooperative and incorrigible. She was keeping late hours, was uncommunicative about her activities, constantly argued with her parents and used vile language.

Mary was a rather attractive Polish girl of medium height and build. Her dark hair was cut short and bleached and her make-up made her look artificial. She was intelligent and her school grades were excellent until about two years before. She scored an I.Q. of 110 on the Wechsler-Bellevue examination.

On December 1, she was held by the police who found her in a residence in a completely Negro section of town necking with a nineteen-year-old Negro and drinking beer. She was held at the Juvenile Detention Home until several days before Christmas when she was returned to her parent's home to await appearance before the judge on January 11th.

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[1] Otto Fenichel, op. cit., pp. 374, 375.

Her mother and father were in their early fifties and had been married for over thirty years. They were American born but had always resided in Polish communities and retained many of the characteristic attitudes and standards of that group. They have said that their sole concern for Mary was that she should show respect for them and not bring disgrace on them. They held her responsible for her behavior and believed she could act differently if she wished.

Mother was arthritic and had received gold treatments at a local hospital clinic for six months. She was a whining, complaining person and attributed her illness to worrying. She was extremely punishing and had frequently said to Mary, "See what you are doing to me," when she was feeling especially ill. She was unable to express her feelings of guilt and needed to tell of her love for Mary.

There was another child beside Mary, a thirty-year-old son who was a captain in the Army of Occupation in Japan. Mother described him as a "model boy". While at home he had few interests outside of school and the family. He was a graduate of a local university. His wife, whom he married while in service, complained that he was too dependent upon his mother and afraid to face the problems of civilian life. Currently, he too was ill with arthritis.

Mary said that most of her mother's attention was given to the child's father. "They even baby each other now." "My mother always liked my brother better than she did me. I don't want to be Polish anyway."

When Mary asked the mother to visit her at the detention home, the mother refused insisting "it would kill me". She sobbed and pleaded that Mary be returned home "because it is like a morgue without her". "It is killing me." Mother refused contact with the agency after worker suggested to juvenile court that Mary might benefit from placement away from home.

When she was fourteen, she ignored her parents' attempts to restrict her activities, friends and manner of dress. In December, two years previous, her mother tried to frighten her into submissiveness by contacting Women's Division of the Police. Although Mary's behavior became increasingly difficult, the mother did not contact the League until two years later.

Mary stated that her mother stopped breast-feeding her when she was three weeks old and put her on the bottle. She said she was always shy and withdrawn until she was about twelve years old when she became aware that people accepted her "because of school grades". She soon became extremely interested in boys and found disapproval from adults at home and at school because of this. She began to condemn many of her parents' attitudes and ideas as "prejudiced" and "old fashioned" and to question their authority. The parents were unable to see that she needed help and expressed disapproval of any plans to remove her from the home. Early in January the father said that they would keep her in a protective atmosphere at home until she was eighteen and after that, "she can go to hell". Father later felt that it

would be easier for him to cooperate in a plan for Mary if the mother were less upset about placement away from home for Mary. He did not understand what was wrong nor did he know how to help, and wanted the Center's help.

Mary said that she was confused and unhappy at home, but when various placement were discussed, she rejected all of them because they had some limits and restrictions. She expressed a preference for remaining at home until she was eighteen and grown-up, when she was sure she could be happy because she would have her own way. She expressed concern about sex but did not volunteer information about her sexual experiences. She admitted that she had had sexual relations with this youth on three occasions between August and October. The youth who was on probation for a federal offense of inter-state car stealing, was charged with statutory rape and contributing to the delinquency of a minor. On January 11th the judge decided that Mary should remain at home with her parents and continue contact with the League until March 8th when the League was to report to the court with her.

She felt that she "has not really dated" and had had no crushes. She felt that she loved the young man with whom she was involved, that she had never felt at all like this about anyone else. She had many girl friends and was popular in the neighborhood. However, she did not participate in school activities.

After her release from the detention home, she asked for controls at home and at school, but volunteered to accept any school arrangements that were made. She asked for limits on school activities and hours and refused to date or join any social group. When asked if she would be able to find this sort of life satisfactory over a long period of time, she replied that she had never appreciated her home and parents and would be happy if she were a "success". The juvenile court's decision of March 8th resulted in dismissal of the case.

This case depicted a girl who apparently had had a satisfactory relationship with the mother as an infant and young child. As the child sought to assert her own independence, the mother's rejecting control became more pronounced.[1] The girl felt a great deal of guilt, anxiety and concern about this and about herself. She possessed, however, potentially healthy ego strengths which were still operative and which had enabled her to have a degree of stability and strength mandatory to survive the detrimental

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[1]English and Pearson, op. cit., p. 254.

parental relationships. A great deal of ego strength was being utilized to repress any recognition of her true feelings about her mother whom she disliked. The dynamic purpose was to repress recognition of the truth of her home situation which psychologically she was not able to tolerate. At this particular point in the child's behavior, her severe superego was in control.

This girl manifested all of the phantasy ideas that were expected for sixteen-year-olds. She had, in addition, some fairly well established interpretations of the world around her and was expected to adhere to these opinions and maintain them. This created what appeared to be controversial thinking, values and attitudes. These were neither bizarre or perversions, but were the unconscious results of years of defenses against the detrimental domination of the parental figures. Her superego would not allow her to strike back at the parents, hence some other type of defense was necessary. The child was able to distinguish between the role of the mother person, whom she saw as a termagant, and the father person who was viewed as a pretty helpless and compliant person who was unable to assert himself. She had a great deal of difficulty in trying to relate to her mother and tried to create a more favorable picture of her.

A continual conflict was waged between this girl's desire to be a success, loved and be accepted by her parents, and a true recognition of the situation. This may be viewed as conflict between rebellion and ingratiation occurring in the girl; at this point, the severe superego is still commanding the girl's unconscious and the situation. Regardless of any comprehension she might have procured, she continually blamed herself for practically everything that happened. Because of this, she was extremely fearful of acknowledging her own repressed aggression and hostility since this would

have led directly into some recognition of why she was angry. She had thus far been able to internalize her anger and the continued strain of self-control and denial had created an enormous burden of premeation, free-floating anxiety and probably mildly severe anxiety attacks.

When pressure at home became too great, and when in self-defense it was necessary to place some of the blame upon her parents, the girl literally went to pieces and reacted in a panicky, impulsive fashion. At this point the girl had been overwhelmed suddenly by the need to defend herself, and by her aggressive desires, resulting in circumvention of her superego and impulsive acting-out behavior.[1] This was not a self-perpetuating kind of flight and eventually she recovered by herself and attempted to appraise her own situation. She had been to a large extent forced to return to phantasies for feelings of success and hapiness as a result of the frustrating familial relationships.[2] The normal aggressive needs for self-assertion were also being turned into obsessional patterns of thinking and thus repressed as well.

This girl had already begun to develop a good emotional acceptance of her own femininity and sexuality. On the other hand, there was tremendous variation in how she viewed men. She was extremely anxious and upset because of what had happened to the youth with whom she was involved. She saw him as having been protective of her and saw herself as protective of him. She felt that her protection had been taken away, and that he had been committed to a living tomb.

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[1] Ibid., p. 108f.

[2] Ibid., p. 259.

She was fearful of sexual contact and tended to see sex as a painful experience; however, her own sensuality and acceptance of her femininity were such that she could continue with healthy heterosexual attitudes. It was to be expected that in future relationships she would enter sex relations with another person in whom she had trust and confidence, and accepted as a lover.

Her attitudes were sufficiently different from those of the normal population for her to be free of most of the prejudices against the Negro people. She refused to accept the common prejudiced attitudes and rejected their presence. This was not a denial of reality, but rather stemmed from the different set of values resulting from her defenses against the destructive domination of her parents. There could be no doubt that she was carrying out an unconscious rebellion directed against parental control. The reflection of the parental rejection in the child was so deep and to such an extent that she sometimes rejected the Polish people, especially males, and the Catholic religion. Her choice of a Negro, in spite of the positive attitude toward him, was probably because of her fear of attempting such a relationship with her own group; because of her attitudes, any non-Catholic would have served her purposes.

This young girl had been extremely confused and upset by the mother's earlier love, and later coldness and controlling rejection. She could not face any recognition of this basically, and when the pressure became too great, she acted out defiance and rebellion in a panicky, impulsive fashion. All of the pressures and conflicts with which she was continually struggling created a somewhat isolated person but one who was neither withdrawn nor basically out of contact with reality. She had, of necessity, protected

herself from the pain and rejection within her environment by setting up the kind of defenses which tended to make her point of view different from that of other people. She had so much guilt about her role in the situation that she was unable to tolerate removal from the home at that point; this anxiety and guilt had been very well engendered by her mother.

This child's experiences of early erogenous pleasure, and later, extremely intense environmental frustrations, as a result of the destruvtive domination and rejection of the parental attitudes, had contributed to the production of an incomplete superego in her personality. This incomplete superego structure of the child reflected the ambivalence, rejection and frustrations which the child had experienced with her parents in her early object relationships.[1]

In Table 1, there were no children classified as primary behavior disorders with a severe superego. The severe superego demanded complete conformity on the part of the child so that no characteristics of the primary behavior disorder, relative to the acting out of socially unacceptable impulses, were found. However, ten out of fifteen children classified as neurotic had severe superegoes. In Table 2, the largest attitudinal group, fifteen, manifested an attitude of overt rejection toward those children classified as neurotic. This indicated a significant relationship between those children classified as neurotic with severe superegoes and the parental attitude of overt rejection.

This child had learned from experience that he could not cope with the adult — his parents — in an adult manner or with any type of defiance,

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[1]Otto Fenichel, op. cit., pp. 373-375.

for this brought additional discomfort in the form of punishment. He had to abstain from the majority of activities because they resulted in punishment; the normal amounts of hostility and aggression were repressed by the superego — the internalized prohibitions and inhibitions of the strict and rigid parents. When this repression was complete, he responded to the social organization as well as to his parents with complete acts of submission. He responded neurotically, developing a severe superego as a result of the harsh, domineering and strict mannerisms of the overtly rejecting parents.[1] The following case presentation illustrates the development of just such a neurotic.

The Case of Mabel Smith

Mabel Smith was referred to the Children's Center at the age of eight by the family physician. The mother was concerned because Mabel was not doing well in school. Mabel was six months behind in school then and her teachers did not think she should be promoted, and mother was very distressed about it. The teacher said that Mabel had a "D" mentality but her mother was unwilling to believe this. Mabel received an "H" (honors) in reading readiness and Mrs. Smith could not understand how she could have a "D" mentality and do this. She was sure Mabel could do better in school because "I am working with her very hard at home." Mabel did not tell her mother how badly she did in school and her mother said "Mabel and her father are just alike about that — he doesn't tell me his worries." Mabel scored a full scale score of ninty-three on the Wechsler-Bellevue I.Q. examination. It was felt that her potential was higher.

Mabel was the youngest of two children, her brother being twelve years of age. The boy had always been an extremely conforming child. The mother had worked with him very intensively on his studies and he had been a satisfactory student all the time. Mrs. Smith felt perhaps she had been too upset over Mabel's poor school achievement, but she knew Mabel was intelligent and "I'm broken hearted over this."

Mother was an extremely nervous person and quite rigid in her handling of the child. The boy and mother got a lot of relaxation — "he likes to go to the show and Mabel doesn't like to, so she stays at home with her father and I go to the show with the

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[1] English and Pearson, op. cit., p. 108.

boy." Mother did not give information about herself or her family background very freely, but she brought up a family picture of rejection. She expressed some feelings that her mother was more interested in a maternal aunt and uncle who were slightly older than Mrs. Smith. She has at various times expressed hostility toward her brother and sister. She said little about her courtship with her husband other than her brother tried to poison her mother's mind against him.

Father was ten years older than mother, and the doctor was currently trying to dissolve a brain tumor the father had by medication. He was very nervous, and when he had a day off he spent it fishing. He didn't go to church and didn't mix. "He's very nice to us, but doesn't make any outside life for us, and I get shut in and resent it," mother said. He was very fond of the little girl, though not active with her, and mother was more identified with the little boy. Father was a small, thin man who was slow-moving and sickly in appearance. He was a truck driver and able to support his family with some difficulty. Mother indicated that some of the reasons for this difficulty were that he was a seasonal worker and so much of the money went for doctor's bills. Father seemed warmer than mother and he told her that she "is too nervous in bringing up the children." He was brought up in an orphanage until he was thirteen years old. He had a few siblings who have gotten into difficulty with the law and have been either jailed or deported.

In kindergarden, "Mabel was a good little girl and sat up, except for one day when she got on the floor, laid down, acted silly and rolled all over." Mother was very annoyed at this behavior because it was very "silly" and had spanked Mabel for it.

Mother stated that at home Mabel was quiet and polite, and not too difficult to manage. She behaved well, "of course she's got a will of her own, but she doesn't disobey because she has learned I mean what I say." She liked to play school and be the teacher.

Mrs. Smith lost one baby when she was first married, and she went down to eighty or ninety pounds almost immediately. When she first became pregnant, the doctor had told her she would probably lose the first baby. During the third month of this pregnancy, the doctor performed a therapeutic abortion and they "forbid me to have more children." The husband was Catholic, though not practical, and refused to let mother use contraceptives; she gave birth to her first child, the boy, whom she carried eight and a half months. She also lost a good deal of weight in her pregnancy with Mabel and delivered in the eighth month. She was not ill during her pregnancy, but it took her a whole year to get over the birth of the child.

Mabel was born in the hospital and the birth was normal. She weighed six pounds at birth; she "cried all the time and had me up all night" mother said. She was both breast-fed and bottle-fed for six months; was then on the bottle entirely for six months, and was weaned from the bottle at a year and a half. Mother could

> not recall when she walked or talked. "She did everything much quicker than her brother. I wouldn't want you to judge her by that though as I can't remember." Mabel was three of four when she stopped wetting the bed but mother never paid any attention to it. Mabel bit her nails; mother bit hers. Mother wondered if some of the difficulty could have been due to sex; the husband raised the question as he "knew little girls went through some kind of phase." Mother did not think Mabel had any sex knowledge as she had never handled anything in the way of sex information.

This child disclosed the personality of a very anxious little girl. Her anxiety was of such severity and of such long duration that it had apparently been quite influential in effecting a defective ego. She was not too heavily defended against her anxious feelings, but seemed to suffer with a great degree of guilt. She gave the impression of being resigned to her fate. She was not capable of entering into mature-like relationships with other people, nor was she able to retreat into phantasy to escape from her anxiety laden world. Affectively her mood was one of indifference — she showed no enthuiasm or desires. She appeared to be quite unhappy. Her destructuring of humans appeared to have been a defense against her anxiety since much of this anxiety apparently had been interpersonally generated. She was not a very loved child and had been strongly rejected by her parents, especially by her mother.

This child, responding to the cold rejection of the mother and the neglectfulness of the father, had unconsciously denied and repressed all aggressive and hostile feelings. She was resigned to her fate and had repressed all initiative, thus behaving toward the social organization with complete acts of submission. She had learned from experiences that any attempt to love brought pain, and affectively she had become apathetic. The parental attitude of rejection had produced in the child a state in which she had relinquished all mature reactions and was fixated at a

childish level of emotional development. She unconsciously realized that the gratification of her subjective needs was not acceptable to the parents, hence it was not accepted by her ego. She repressed her erotic impulses and desires and internalized the resulting conflict so deeply that there appeared no degree of aggressiveness or hostility; she was extremely complaisant and suffered with extreme guilt feelings which were interpersonally generated. The parental attitude of rejection had been influential in producing a child with an extremely severe superego.[1]

There were five children classified as neurotic, in Table 1, who possessed incomplete superegoes. In Table 2, the second largest attitudinal group, ten, contributing to the neurotic state manifested an attitude of ambivalence toward their children. It may be noted here that in Table 1 both symptomatic behavior classifications manifested their second greatest frequency of cases in the incomplete type of superego. In Table 2, each symptomatic behavior classification manifested its second largest attitudinal group in the attitude of ambivalence. This was significant for it again indicated the inconsistencies in the parental attitudes as they were reflected in the personality structure of the individual child. The degree of the acting out or the internalizing of the socially unacceptable impulses of the child depended upon the ego strengths of the individual and his ability or inability to rebel and strike back at the source of frustration of his erotic needs.[2]

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[1] Ibid., p. 108f; Leon Saul, op. cit., pp. 6-22.

[2] Otto Fenichel, op. cit., p. 375.

This accounted for all of the cases in Table 1. In Table 2, only seven parental attitudes remained unaccounted for. Two, each, were healthy and overprotective, while one was indulgent; they contributed to a neurotic symptomatic behavior classification and hence to a severe or incomplete superego. Two parental attitudes were seductive and contributed to the symptomatic behavior classification of primary behavior disorder. Except for the mother and father who were overprotective, the spouse of each parent manifesting healthy, indulgent and seductive attitudes was overtly rejective or ambivalent, three and two respectively, toward the child. These latter seven attitudes did not seem sufficient in number to be of great significance in this study.

In Table 1, of the thirty cases studied, one-half or fifteen were classified as primary behavior disorders. These same children possessed deficient and incomplete superegoes, nine and six respectively. The remaining half of the children studied were classified as neurotic. These children possessed either severe or incomplete superegoes, ten and five respectively. Of the thirty cases studied, ten had severe superegoes, nine had deficient superegoes, and eleven had incomplete superegoes. In Table 2, of the sixty parental attitudes studied, thirty contributed to the symptomatic behavior classification of primary behavior disorder, with the two highest frequencies of contributing attitudes being those of overt rejection and ambivalence, twenty-one and seven respectively. The attitudes of the thirty parents whose children were classified as neurotic were predominantly of overt rejection and ambivalence, fifteen and ten respectively.

There appeared a significant inference in the analyses based upon this writer's classification of superego types. The highest frequency of

children studied seemed to possess incomplete superegoes, the second greatest frequency of children seemed to have severe superegoes, while the smallest frequency of children apparently had deficient superegoes. The significance in this lies in the fact that those children with incomplete superegoes are the least disturbed of the three types.

CHAPTER III

SUMMARY AND CONCLUSIONS

The foundation of the child's personality is laid during the first five or six years of his life. The superego, a necessary component of a complete and healthy personality, is basically formed during those early years. In reality, the superego is an internalized portion of the external world — the social organization. The child views the external world through his parents and reacts generally toward the social organization as he reacted toward his parents.

The process through which the child begins the formation of a superego is that of identification. The basis upon which this identification rest is love — attention, affection and acceptance. If the child receives adequate love from his parents, or parent substitutes, he tends to identify with these loved objects and their prohibitions and inhibitions. Adhering to the pleasure-pain principle, if he does not receive this love, he rebels or strikes back at the objects responsible for frustrating his erotic impulses, or takes to flight within himself repressing these impulses. Thus, it can be seen that there exist a very significant relationship between the parental practices expressive of attitudes, and the related practices — behavior or personality deviation — of children in response to them.

Very early in infancy a child about to commit an act may be observed as he hesitates, shakes his head in a negative manner and says, "no, no" as though he were the reproving parents. The child identifies with the parents and incorporates the parental "yes" and "no" — attitudes, prohibitions and inhibitions. When the parent-child relationships are not satisfactory, or

the parental attitudes toward the child are not healthy, a nucleus for emotional illness and behavior disorders is formed within the child.

This study was designed to see if there were a difference between those parental attitudes which influenced the production of a superego which resulted in neurotic behavior and primary behavior disorders; and to point out the differences, if any, which existed.

This study was limited to the cases of thirty patients, ages five through seventeen at the time of registration, diagnosed as neurotic or having primary behavior disorders at the Children's Center of Metropolitan Detroit, Detroit, Michigan, from May 12, 1947 to December 14, 1951.

The case study method was utilized for this research as parental attitudes and their effects are best understood on the basis of individual case studies. Each staff member was asked to contribute a list of cases manifesting the characteristics being studied. When these cases were thoroughly checked as to their characteristics, a total of eighty-five remained in the universe. Simple random sampling was used in selecting the final thirty cases for the study. After the cases were selected, data were entered on individual schedules for further tabulation and analysis. The data were taken from the case records which included psychiatric intake and exploratory interviews, social histories, medical reports, psychological examinations, psychiatric examinations and diagnostic case conferences.

In this study it was indicated that children with primary behavior disorders possessed deficient or incomplete superegoes. The greatest frequencies of parental attitudes which seemed to contribute to the child with a primary behavior disorder were those of overt rejection and ambivalence. Neurotic children seemed to possess severe or incomplete superegoes. The

greatest frequencies of parental attitudes contributing to the child with a neurosis were those of overt rejection and ambivalence. The parental attitudes of overt rejection and ambivalence seemed related to the primary behavior disorder and hence to deficient superegoes. The parental attitudes of overt rejection and ambivalence were mostly associated with the neurotic child and hence to severe and incomplete superegoes.

Thus, according to the classification of parental attitudes based upon the analyses of parent-child relationships and the classification of the superegoes of the children based upon analyses of their personality structures and diagnoses of their symptomatic behavior, there appeared no appreciable difference between those parental attitudes which influenced the production of a superego which resulted in neurotic behavior and those parental attitudes which contributed to the production of a superego which resulted in primary behavior disorders.

More intensive research techniques, however, would have to be employed, for example, examination of these children and their parents by other psychiatrists as well, and inclusion of many more children in the sample group, for these findings to be conclusive.

It should be pointed out that the writer catagorized parental attitudes by very broad classifications; smaller sub-divisions, such as, types of overt rejection and types of ambivalence, might have shown differencies. In this writer's opinion further research into the relatedness between parental attitudes and superego development presents a challenge to those qualified persons who are interested in the field of psychiatry.

APPENDIX

TABLE 3

THE TYPES OF SUPEREGO AND THE PARENTAL ATTITUDES WHICH CONTRIBUTED TO EACH*

Types Of Superego	Total Parental Attitudes	Contributing Parental Attitudes					
		Healthy	Overt Rejection	Over-protection	Indulgence	Ambivalence	Seduction
	60	2	36	2	1	17	2
Severe	20	24- 25*	22- 23* 24* 25- 26- 21* 21- 18* 20-	19* 19-	27-	22* 23- 26* 18- 27* 20*	.....
Deficient	18	.....	2* 7- 11* 2- 8* 11- 3* 8- 15- 3- 5* 6- 5-	.....	.....	6* 7* 10- 15*	10*
Incomplete	22	.....	16- 30- 4- 1- 28* 29- 12* 17* 9- 12- 17- 14- 4* 9*	.....	.....	29* 13* 30* 13- 28- 16* 1*	14*

*Neurotic Group, * equals mother; - equals father. Primary Behavior Disorder Group, * equals mother; - equals father. Material for this table taken from the following sources: English and Pearson, Emotional Problems of Living (New York, 1945), pp. 53, 89f, 107-116; Otto Fenichel, The Psychoanalytic Theory Of Neurosis (New York, 1945), pp. 105ff, 374f, 520f; Gordon Hamilton, Psychotherapy In Child Guidance (New York, 1947), pp. 44-47; and the individual schedules of the cases. The numbers in the columns refer to case numbers except in the totals.

SCHEDULE

I. Data Of Identification

A. Case No. _____
B. Age _____
C. Sex _____
D. Race _____
E. Registration Date _____
F. Source Of Referral _____

II. Family Background

A. Age Of Parents: father __ mother __
B. Family Religion _____
C. Parents Occupations: father _____ mother _____
D. Number Of Siblings _____
E. Age Of Siblings _____

III. Personal Information On Patients

A. Problem As Stated At Initial Interviews:

B. Developmental Factors:
1. Gestation and Delivery:

2. Infancy:

3. Pre-School Years:

4. Elementary School Years:

5. Junior and Senior High School Years:

6. Pre-Natal Attitudes of Parents:

7. Significant Religious or Socio-Economic Factors:

C. Medical History:

D. Academic Adjustment:

E. Ordinal Position of Patient _____
F. Past Attitudes Toward Patient: father _____
mother _____
G. Present Attitudes Toward Patient: father _____
mother _____
H. Type of Delinquent _____
I. Chronic Deviated Personality Type _____
J. Psychopathological Diagnosis _____
K. Causation: family __ physical __ cultural __ personal __

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